

### **OPERATIONS IN FRANCE**

### 1. How many CASOs have remained open in France?

All the CASOs have either reduced their operations or changed the way they work. The majority have suspended their physical opening hours. Others, notably Bordeaux, Nancy, Montpellier, Marseille, and Nice have reduced their opening hours, both to protect our volunteers, a number of whom are at risk largely because of their age, but also because some activities were no longer feasible (fewer beneficiaries can travel, public authorities have been closed, etc.), and to redirect our activities towards outreach work. In addition, all the CASOs have set up social, medical, and/or mental health hotlines, as well as systematically taking calls from current patients, to keep in touch with our usual target audiences and refer them for treatment, whether for COVID or other illnesses.

The regional offices are in the process of reflecting on how the CASOs will function in the months of chronic crisis that lie ahead, taking into account the changing needs and practical complexities of implementing preventive measures, in order to continue to ensure that our patients are cared for and to avoid disruptions and delays in treatment.

#### **FINANCES**

### 2. Do we know how much of the MdM budget has been reassigned to COVID?

Small unearmarked funds have been allocated to international operations, to ensure our teams are protected ( $\leq 150,000$ ), and to enable the launch of COVID operations ( $\leq 87,000$ ).

Nearly €400,000 has been invested by MdM in protective equipment, but this will largely be charged back to donors.

Donors have also agreed to reallocate funds that had already been received for ongoing projects, amounting to a total of  $\leq 1.3$  million. New projects have also been submitted for a total of  $\leq 1.5$  million.

# 3. If equity revenues do not seem to be impacted, what would be the causes of a potential financial crisis within MdM? Would it be that institutional donors no longer support us?

We have to accept a certain degree of uncertainty. Nobody knows exactly what is going to happen with regard to a whole range of parameters. In recent months, we have received significant donations, because COVID is topical. But because street marketing campaigns are not currently taking place, we will have fewer regular donors contributing funds through direct debits over the coming months and the year ahead.

The COVID-19 crisis may also lead to a major economic crisis, which will have an impact on the level of fundraising from the general public, particularly with regard to the end-of-year collection. It should be recalled that 40% of our resources are the result of public generosity. Once the one-off donations generated by the crisis have faded, and the longer-term economic consequences have set in for some of those who donate to us, there is a risk that there will be an impact on the level of generosity.

As far as major donors are concerned, for the moment they have been flexible, but we are not yet in a position to anticipate potential changes in their strategies. There is a concern that some themes may be less prioritised in the medium term by institutional donors.

What is certain is that we want to continue our work. We are not able to predict the future, but we have confidence in the organisation, and are doing fairly well so far compared to other stakeholders. MdM is not in danger, but we will feel an impact at least until the end of 2021.

## 4. What is the position of the Donors' Committee on the situation?

The committee believes that MdM has responded and adapted well to this situation and to the ordeal that has had an impact on us all. It has welcomed our significant presence both on the ground and on social networks. Our work to contribute to the collective solidarity effort, especially with regard to the most vulnerable, has the full support and confidence of the committee.

The committee has raised questions about the future of this crisis, which will continue over time. What are the consequences for the humanitarian sector? What is the impact on our activities when CASOs have closed face-to-face consultations? What are the consequences for our political and activist work? Will there be a need for us to speak up and express ourselves more forcefully?

Financially speaking, there are many questions. What new fundraising sources could compensate, at least in part, for the decrease in street collection? How can we retain new and younger donors? What will the consequences of this crisis be for the 2020 budget and its growth and how can we anticipate them? The health crisis is starting to become a security crisis as well, with an increased emphasis on control. The committee would like MdM to take a position on these issues, in particular with regard to tracing.

### HUMAN RESOURCES

- 5. What action should be taken if we believe (or know) that volunteers who want to take part in activities again once the official lockdown measures are lifted are vulnerable?
- 6. The recommendations have been disseminated very widely, but what if volunteers who are affected by this no longer wish to follow them?

MdM has a duty of protection towards its employees and volunteers, as well as its beneficiaries. It also has a responsibility to ensure that its actions do not lead to it becoming a vector of the epidemic. For this reason, since the beginning of the COVID-19 outbreak, it has been recommended that vulnerable people who are volunteers should no longer take part in activities that bring them into contact with the public. Such volunteers, particularly older volunteers, who wish to become involved in our activities again will have to work in non-exposed activities. If any disagreements arise around this, the organisation's regulatory bodies will have to be called upon to resolve them.

### 7. What is MdM's policy for employees who are considered to be vulnerable?

Please refer to the <u>framework documents</u> shared so far. As far as possible, vulnerable employees will continue remote working. If it turns out that it is necessary for them to be physically present at their place of work, once this return is possible, a consultation with the occupational health doctor or, failing that, with the person's GP, will be necessary to specify the conditions under which this return will be possible.

# 8. In this context, what is happening with the various plans to reorganise departments and directorates?

A number of projects have been put on stand-by in recent months in order to prioritise our response to the crisis. These projects will be able to resume gradually and will be enriched by some of the lessons learned from this crisis.

It will be important to define how we maintain a level of consultation and collective reflection within the current framework, as well as the ways in which these reorganisations will take place.

#### RELOCATION

- 9. In this context, is it really the right time to move forward with the relocation project? Given the uncertainties around the property market, our financial situation, our way of working in the future... and knowing that this is an additional stress for employees?
- 10. As Philippe has pointed out, we need to come up with new ways of working together. Before the crisis, the question of relocating was very much on the agenda. The move to Saint-Denis responded to certain forward-looking aspects of our organisation. What new considerations are there on this subject?

We need to go back to the origin of the relocation project, which is a project for change. On the contrary, the COVID crisis has made our plans to relocate and the need for change even more relevant. The aim is to revitalise the organisation, to allow it to reinvent itself, to shake things up, to give the organisation a new impetus. Finances remain one aspect of this, even though it has always been clear that the purpose of the move was not to make a financial transaction. Indeed, MdM needs to make investments which are all the more necessary and urgent now, in order to have modern tools, and to equip itself with a working tool, our headquarters, which is capable of adapting to what we are going through.

If no premises had been identified, it would be urgent to find one because this change, which is all the more necessary for us today, would be very difficult to implement in the current premises, with this configuration, these partitions, our habits. This is an opportunity to build our new future in a new building and to invest our soul in it. Let's seize this opportunity.

# **11.** If the relocation does take place, what about the financial difference between the sale of our current headquarters and the purchase of the new headquarters (Seine-Saint-Denis)?

The financial difference is estimated at €5.7 million, in favour of Médecins du Monde.

# 12. Why wouldn't there be a new request to the Board? In uncertain times such as these, wouldn't you agree that there may be new opportunities?

The relocation project has been ongoing within the organisation for almost three years. Several locations have already been identified and refused. The current plans for Saint-Denis are the most well developed, it is a real opportunity and at some point, we have to make a choice. Life does not grind to a halt with COVID, and plans have to continue, we have to move forward. There is also a political dimension to our relocation. The current President's Office will not request a motion at the next General Assembly.

# 13. So, the Economic and Social Committee will not consult employees on the proposed option of moving the headquarters to Saint Denis?

The schedule is as follows: a Works Council meeting has been held on 11 May to discuss the plan to relocate to Saint-Denis, and the Board will make a decision at its meeting on 20 May. If the plan is approved, the actual relocation will not take place until the second half of 2021.

# 14. Since we are all going to end up remote working forever, why not move our headquarters to Vierzon? Property prices are much more attractive :-) or why not move out of the capital, for a better quality of life?

We are talking about a relocation project, not a decentralisation project, which was never our plan. One of our objectives is that we will all work "together" again within Médecins du Monde. Even if remote working does become a bigger part of the lives of our employees, it is important to have one place that can bring us together, for meetings and discussions, and, in a way, this place should embody our organisation. Quality of life at work is a strong argument in favour of the relocation, given the constraints of the current building, but the building must also fulfil its function as head office, and must be at the heart of our operations and our advocacy.

#### **INTERNAL BODIES**

### 15. Any ideas for the General Assembly?

Given all the uncertainties associated with a situation that we cannot control, we have postponed the General Assembly until 26 September. For statutory reasons, we need to vote on the various reports (HR and financial) and the internal rules, and we need to elect new members of the Board. There is no indication that the meeting will be able to take place face-to-face, and it will probably be a much more virtual General Assembly than usual.

It is also hoped that by the end of the year there will be time for debate, reflection, and discussion on everything that has happened so far in relation to the COVID-19 crisis. It will also allow us to chart a course for the future, incorporating the lessons we have learned from this crisis.